

The Tenth International Congress of Dermatology

By J. MARTIN BEARE, M D., M.R.C.P.

THIS Congress was held in London in July, 1952, under the presidency of Sir Achibald Gray. It was the third Congress since 1912, and the only other occasion when London had the honour of entertaining the world's dermatologists was in 1896. Forty-five countries, including the U.S.S.R., were represented, and the attendance was well over one thousand.

The three main topics for discussion were: "The Pathogenesis of Eczema," "A.C.T.H. and Cortisone," and "The Treatment of Tuberculosis of the Skin." Dr. Pillsbury (U.S.A.) indicated the magnitude of the problem of eczema by stating that the majority of World War II troops suffering from skin disease in the tropics were suffering from some form of eczema, and more troops were invalided from the Pacific war theatre because of skin disease than because of war wounds. The prevalence of eczema in civil life is comparable. Professor Miescher (Zurich) expressed doubt as to how far we were justified in regarding eczema as an allergic disease. Dr. Brain (London) discussed the problem of infantile eczema, and stressed the value of sedatives and careful nursing care. Some dermatologists were showing increasing doubt about the part played by food sensitisation in the production of infantile eczema.

The discussion on A.C.T.H. and Cortisone was opened by Dr. Brunsting (U.S.A.), who stressed the fact that these drugs do not eradicate the cause of disease nor do they repair damaged tissue. Rather they act as buffers to reactions of tissue to injury. With prolonged dosage, undesirable side-effects include disturbances of electrolyte metabolism, alterations in the psyche, and signs of hyperadrenalism. There is ever present the liability to develop severe pyogenic infection, which may often be difficult to detect while the patient is having the drug. Dr. Ereaux (Canada) discussed the use of cortisone in the management of pemphigus vulgaris and its variants. He thought that this disease is the only dermatological condition which consistently merits the employment of the drug. He had maintained patients up to two and a half years on cortisone. Dr. Ereaux doubted the wisdom of using cortisone in the treatment of psoriasis, erythrodermias, sarcoidosis and eczematous dermatitis. In the latter condition great care and experience are required to prevent the development of severe erythrodermia when cortisone medication is discontinued. He concluded that in dermatology A.C.T.H. and cortisone can shorten the course of a self-limited condition, control many of the serious illnesses and cure but few of the dermatoses. Dr. Sulzberger (U.S.A.) thought that the effects of the drugs might be designated as "morbiditystatic" — in analogy to "bacteriostatic," "fungistatic," etc. He noted that fixed drug eruptions and chronic urticarias respond poorly or not at all. Local application of cortisone to the skin is not effective. He was impressed by the value of these drugs as instruments of dermatological research, but stressed that these powerful weapons can do great harm

as well as good. Dr. Prunty (London) noted improvement in renal function in the early stages of malignant lupus erythematosus. On the other hand, healing of necrotic areas in cases of lupus erythematosus was prevented by the drugs. One came away from these discussions with the feeling that, even if A.C.T.H. and cortisone were freely available at a reasonable cost in this country, their value in practical therapy is extremely limited, and without intimate hospital supervision their use is never justified.

The symposium on the treatment of tuberculosis of the skin contained papers by Drs. Charpy (France) and Dowling (Great Britain), who independently discovered the value of calciferol in the treatment of skin tuberculosis. Calciferol is still the most valuable agent for these conditions, but emphasis was placed by a number of speakers on the value of combining calciferol therapy with other drugs — especially streptomycin and PAS, and other procedures — especially curettage and cautery. Dr. Wetherley-Mein (London) believed that calciferol acts by having an effect on the patient's tissues rather than by any inhibitory effect on the growth of tubercle bacilli.

Among the two hundred other papers read at the Congress one might pick out three of more than ordinary interest. The work of Drs. Fitzpatrick and Lerner (U.S.A.) on melanogenesis, using labelled tyrosine, would appear to offer in the near future a possible biochemical test for the differentiation of benign and malignant melanomata; the use of psoralens (plant extracts) in the treatment of leucoderma offers a hope that this disfiguring condition will soon be manageable; and Dr. Anderson (London) has been able to demonstrate the great importance of changes in pH of diseased skin, and the part which these changes must play in the chronicity of eczema and in the production of pyogenic skin infections.

Finally, one cannot dismiss the Congress without mentioning the clinical demonstration of 170 cases of rare skin diseases. The individual dermatologist is unlikely to deal with the majority of these more often than once in a lifetime. Dermatologists spend so much of their time looking at the very common conditions — eczema, warts and psoriasis — that they must be forgiven for enthusing over the very rare.